

Southwestern Ohio Athletic Directors Association Scholarship

The membership of the SWOADA would like to offer a scholarship to the eligible sons and daughters of our members. The scholarship is made possible by the funds raised at our annual spring golf outing and awards banquet. The SWOADA will offer a one time scholarship – up to three scholarships the total number of scholarship money not to exceed \$1500 (exp. 3/\$500 scholarships). The scholarship winners will be determined by *a point-valued rubric*. Children of active members are eligible to apply. High School Seniors will be given priority, however college eligible students may apply. If the number of high school applicants exceeds three, college students applying in the same year will not be eligible.

SWOADA Scholarship Application

Section 1 – To be completed by students

Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ Zip _____

Name and Address of the College where the scholarship will be applied:

College/University _____

Address _____

Major Field of Study _____

Recommendation by three (3) Professional Personnel from your school, including the Principal:

1. _____ Principal

2. _____ Title: _____

3. _____ Title: _____

Write a Short Essay on; why you deserve this scholarship? (Use back if necessary)

SWOADA Scholarship Application

Section 2 – To be completed by **High School** Principal/Guidance Office

Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ OH _____ Zip _____

Scholastic Ranking ____/____ GPA _____/4 pt Scale ACT/SAT Score _____

Academic, Athletic and Other Achievements:

Principal Signature

Date

SWOADA Scholarship Application

Section 3- To be completed by Parent and Student

Applicants Name _____ **Circle One**
Father's Name _____ Living-Deceased-Separated-Divorced
Mother's Name _____ Living-Deceased-Separated-Divorced
Guardian (if different than above) _____

Father: Total Salary Income: _____
Mother: Total Salary Income: _____
Guardian: Total Salary Income: _____
Other Income: _____

Total Income Before Taxes: _____

Extraordinary Family Expenses or Hardships (Please Explain):

The above information is given with my full knowledge and approval:

Parent/Guardian Signature

Date

SWOADA Scholarship Application

Section 4-To be completed by parent

*This is only necessary for the OIAAA Scholarship. This Section is not necessary for the SWOADA and Nelson Thinnes Scholarships.)

Parent/Guardian Name: _____
School(s): _____

Service: (To League, District, State, or National Athletic Administrators Association, District or State Athletic Association, or service to athletics not connected to your school).

Parent/Guardian Signature

Date

1. Academics:

GPA _____ (4pt scale)

(HS Applicants Only) ACT Score _____ SAT Scores _____

(HS Applicants Only) Class Rank _____ / _____

2. Sports (HS applicants only):

Frosh Letters JV Letters Varsity Letters List of Sports

**Only list Frosh/JV letters in the event you did not earn a varsity letter in that sport.*

Special Awards

All State Honors
All League Honors
All Star Games Participant
Other

List Honors Earned

3. School/Community Service Organizations

(i.e. NHS, Class Officer, Key Club, Student Mentor)

List/Organization (Years)

Leadership Position

Other School Related Activities

(i.e. Drama Club, Chess Club, Academic Team, FFA)

List of Clubs

List Of Activities

4. Parent SWOADA Membership (Number of Years) _____

Association Leadership

SWOADA Board+OIAAA Board
SWOADA Board
SWOADA Committee Chair
SWOADA/OIAAA Conference Speaker
SWOADA/OIAAA Membership

List Position and Years of Service
